

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
DeSaulnier Mark J

**1. Office, Agency, or Court**

Agency Name

CA State Senate

Division, Board, Department, District, if applicable

District 7

Your Position

Senator

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- ☒ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- ☒ Annual: The period covered is January 1, 2011, through December 31, 2011.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2011.  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2011, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Assuming Office: Date assumed \_\_\_\_\_  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☒ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a  
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-1-12  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Mark DeSaulnier

**▶ 1. BUSINESS ENTITY OR TRUST**

DDL Corp. DBA TR's Bar & Grill

Name

PO Box 272687, Concord, CA 94512

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☒ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11

ACQUIRED

\_\_\_\_/\_\_\_\_/11

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☒ Corporation

Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11

ACQUIRED

\_\_\_\_/\_\_\_\_/11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☒ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11

ACQUIRED

\_\_\_\_/\_\_\_\_/11

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☐ \_\_\_\_\_

Other \_\_\_\_\_

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

**▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)**

**▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or  
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or  
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

\_\_\_\_/\_\_\_\_/11

ACQUIRED

\_\_\_\_/\_\_\_\_/11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Mark DeSaulnier

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Skipolini's Inc. President Kent Ipsen

ADDRESS (Business Address Acceptable)

1535 Giammona Dr., Walnut Creek, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bar & Grill

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☒ Sale of DDL Corp. DBA TR's Bar & Grill  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_ %      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark DeSaulnier

► NAME OF SOURCE  
CA Democratic Party

ADDRESS (Business Address Acceptable)  
1401 21st Street, #200, Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Policy Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 18 / 11	\$ 195.32	Meals & reception
1 / 19 / 11	\$	
/ /	\$	

► NAME OF SOURCE  
Contra Costa Council

ADDRESS (Business Address Acceptable)  
1355 Willow Way #253, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Contra Costa USA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 27 / 11	\$ 125.00	Dinner ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
CA Labor Federation

ADDRESS (Business Address Acceptable)  
600 Grand Avenue, Ste 410, Oakland, CA 94610

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CA Labor Federation Leg Conference Reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 21 / 11	\$ 50.00	Dinnner Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
The Delta Association of Realtors

ADDRESS (Business Address Acceptable)  
3428 Hillcrest Ave # 200, Antioch, CA 94531

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Inaugural Banquet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 21 / 11	\$ 65.00	Dinner ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
Contra Costa Interfaith Housing

ADDRESS (Business Address Acceptable)  
3164 Putnam Blvd Ste C, Walnut Creek, Ca 94597

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
CC Ruby Slippers Awards Banquet

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 5 / 11	\$ 125.00	Dinner ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE  
CCC Chapter CA Special Districts Association

ADDRESS (Business Address Acceptable)  
155 Mason Circle, Concord, CA 94520

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
20th Anniv. Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 11 / 11	\$ 50.00	Dinner Ticket
/ /	\$	
/ /	\$	

Comments:

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark DeSaulnier

► NAME OF SOURCE

CA Building Industry Association

ADDRESS (Business Address Acceptable)

1215 K Street, Ste 1200, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legislative Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 26 / 11	\$ 101.62	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

NCSL Foundation

ADDRESS (Business Address Acceptable)

7700 East First Place, Denver, CO 80230

BUSINESS ACTIVITY, IF ANY, OF SOURCE

NCSL Legislative Summit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 9 / 11	\$ 131.65	Dinner
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

IBEW, Local 302

ADDRESS (Business Address Acceptable)

1875 Arnold Drive, Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Save Mt Diablo Moonlight on the Mountain

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 10 / 11	\$ 250.00	Dinner ticket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Contra Costa Central Labor Council

ADDRESS (Business Address Acceptable)

1333 Pine Street, Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Kennedy King Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 20 / 11	\$ 75.00	Dinner ticket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Muir Heritage Land Trust

ADDRESS (Business Address Acceptable)

PO Box 2452, Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Fresh Aire Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 13 / 11	\$ 150.00	Dinner ticket
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

► NAME OF SOURCE

Fontodi

ADDRESS (Business Address Acceptable)

50022 Panzano in Chianti, Florence, Italy

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 11	\$ 66.00	1 bottle of wine
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Mark DeSaulnier
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► NAME OF SOURCE  
Castello Banfi  
 ADDRESS (Business Address Acceptable)  
53024 Montalcino, Siena, Italy  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 11</u>	\$ <u>55.09</u>	<u>1 bottle Salsa Etrusca</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

► NAME OF SOURCE  
Consumer Attorneys of California  
 ADDRESS (Business Address Acceptable)  
770 L Street, Ste 1200, Sacramento, CA 95814  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Board Installation Awards Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 12 / 11</u>	\$ <u>175.00</u>	<u>Dinner ticket</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

► NAME OF SOURCE  
Contra Costa Bldg & Construction Trades Council  
 ADDRESS (Business Address Acceptable)  
2727 Alhambra Ave, Ste 5, Martinez, CA 94553  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Central Labor Council Labor to Labor Awards

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 21 / 11</u>	\$ <u>150.00</u>	<u>Dinner ticket</u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

► NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>      </u>	<u>                  </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark DeSaulnier

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
Parliament of Azerbaijan  
ADDRESS (Business Address Acceptable)  
1 Parliament Ave, AZ 1152  
CITY AND STATE  
Baku Azerbaijan Republic  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Government  
DATE(S): 9 / 25 / 11 - 9 / 29 / 11 AMT: \$ 1,540.00  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Hotel accommodations, ground transportation, meals  
& cultural activities

► NAME OF SOURCE  
Livia Colantonio  
ADDRESS (Business Address Acceptable)  
Via Otrana Vecchia, 2f 05035  
CITY AND STATE  
San Liberato di Narni Terni, Italy  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): 10 / 8 / 11 -      /      /      AMT: \$ 137.73  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
1 night's stay at Podernovo

► NAME OF SOURCE  
il Pollenza  
ADDRESS (Business Address Acceptable)  
via Casone 4 Tolentino 62029  
CITY AND STATE  
Marcerata, Italy  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): 10 / 7 / 11 -      /      /      AMT: \$ 137.74  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Transportation to il Polenz

► NAME OF SOURCE  
Il Borro  
ADDRESS (Business Address Acceptable)  
Localita Borro 1 Franzione SanGustino Valderno5202  
CITY AND STATE  
Arezzo, Italy  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
DATE(S): 10 / 14 / 11 -      /      /      AMT: \$ 151.50  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
1 night's stay

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Mark DeSaulnier

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE  
The Pacifica Institute

ADDRESS (Business Address Acceptable)  
1019 Gayley Avenue, Ste A

CITY AND STATE  
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)  
Cross-cultural Awareness Foundation

DATE(S): 10 / 19 / 11 - 10 / 28 / 11 AMT: \$ 1,355.00  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Hotel accommodations, transportation, meals, cultural activities

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

► NAME OF SOURCE  
Partnership for Children & Youth

ADDRESS (Business Address Acceptable)  
1611 Telegraph Avenue, Ste 404

CITY AND STATE  
Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 10 / 25 / 11 - 10 / 28 / 11 AMT: \$ 1496.40  
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description  
Registration, hotel and flight

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description

Comments: \_\_\_\_\_